

Middlefield Children's Center Emergency Form

Child's Full Name: _____ D.O.B. _____

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home #: _____

Physician's name: _____ Phone# _____

Parent Emergency Contact Info: (parent's called 1st in case of emergency)

Mother's Cell #: _____ Name of Employer: _____

Wk# _____ Wk Address: _____

Father's Cell#: _____ Name of Employer: _____

Wk# _____ Wk Address: _____

I give my permission for the staff of Middlefield Children's Center to do the following for my child in the event of an emergency. (Please check below)

___ Administer CPR and First Aid

___ Obtain needed emergency medical treatment or dental treatment

___ Have child transported by EMS or private ambulance to
Middlesex Hospital

___ Walk to the Middlefield Federated Church, Community Center or
in the event of an evacuation of the building (See policy in Handbook)

I give my permission for the staff of Middlefield Children's Center to take nature walks, use the "outdoor classroom" next to the building, the field area, and to walk my child to the Middlefield Federated Church for school events.

___ yes ___ no

Allergies:

Special

Needs:

In case of an Emergency when the parent can not be reached, please contact:

1) Name _____ Relationship: _____

Home# _____ Cell# _____ Wk# _____

2) Name _____ Relationship: _____

Home# _____ Cell# _____ Wk# _____

3) Name _____ Relationship: _____

Home# _____ Cell# _____ Wk# _____

In addition to the emergency contact names listed above, I give my permission for the additional names below to remove my child from the center in the event I am unable.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Reviewed by MCC Staff: _____ Date: _____